

**Motor Vehicle Division**

46-0502 R09/13 www.azdot.gov

Mail Drop 526M
Fleet Services Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100**TRANSPORTER APPLICATION**

Transporter Account Number

Business Type <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
Business Name		DBA (doing business as)	
Business Address	City	State	Zip
Mailing Address	City	State	Zip
Public Phone Number ()	County		
Contact Person	Title	Contact Phone ()	E-mail Address

Applicants: Full name, no initials. If no middle name, write "none". Title: Sole Owner, Partner, Corporate Officer (President, Vice President, Secretary, etc.) or Director. If more space is needed, attach a separate sheet.

1. Applicant Name (first, middle, last, suffix)	Title
2. Applicant Name	Title
3. Applicant Name	Title

Every certificate, plate, or tab issued expires at midnight on December 31st of each year.

I certify that the transporter plates and tabs will not be transferred to any other person and that this business, if application is approved, will comply with all applicable Arizona laws. I consent to comply with financial responsibility verifications conducted by MVD, or submit to the suspension of the transporter certificates and plates. I fully understand it is mandatory to carry evidence in the vehicle of current financial responsibility for that motor vehicle when operated on any highway in this state.

Printed Name of Owner, Partner or Authorized Agent	Title
Signature of Owner, Partner or Authorized Agent	Date

If you have any questions, please call: Phoenix 602-712-8809. Thank you.